# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
## (FOR USE WITH FORM PTO-875)

**SERIAL NO.** 10/587035

**FILING DATE**

**APPLICANT(S)**

## CLAIMS

| | AS FILED | | AFTER 1ˢᵗ AMENDMENT | | AFTER 2ⁿᵈ AMENDMENT | | | | AS FILED | | AFTER 1ˢᵗ AMENDMENT | | AFTER 2ⁿᵈ AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | | | 51 | | | | | | |
| 2 | | | | | | | | 52 | | | | | | |
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| 9 | | | | | | | | 59 | | | | | | |
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| 14 | | | | | | | | 64 | | | | | | |
| 15 | | | | | | | | 65 | | | | | | |
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| 26 | | | | | | | | 76 | | | | | | |
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| 40 | | | | | | | | 90 | | | | | | |
| 41 | | | | | | | | 91 | | | | | | |
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| TOTAL IND. | 1 | ↓ | | ↓ | | ↓ | | TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | 17 | ← | | ← | | ← | | TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | 18 | ■ | | ■ | | ■ | | TOTAL CLAIMS | | ■ | | ■ | | ■ |